

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

(SERIAL NO.)

381742

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	1					
102		1				
103		1				
104		1				
105		1				
106		1				
107		1				
108		1				
109	1					
110		1				
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118	1					
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122		1				
123		1				
124	1					
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126		1				
127		1				
128		1				
129		1				
130	1					
131	1					
132		1				
133		1				
134		1				
135		1				
136		1				
137		1				
138	1					
139		2				
140		2				
141	1					
142	1					
143		1				
144		1				
145		1				
146		1				
147		1				
148	1					
149		1				
150		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
151			1									
152			2									
153	1											
154			1									
155			1									
156			1									
157			2									
158			2									
159	1											
160			1									
161			1									
162			1									
163			22									
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166	1		22									
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200												
TOTAL IND.			28									
TOTAL DEP.			218									
TOTAL CLAIMS			246									

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								